

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

10824093

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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36	2		2			
37	2		2			
38	2		2			
39	2		2			
40	2		2			
41	1		1			
42	1		1			
43	1		1			
44	1		1			
45	1		1			
46						
47						
48						
49						
50						
TOTAL IND.	31		31			
TOTAL DEP.		21		21		
TOTAL CLAIMS	31	21	31	21		

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						